

Eligibility Factor	Self-Attestation Accepted without Additional Verification (Y/N)	Self-Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Age (Date of Birth)	NO	NO	YES	N/A	N/A	YES	YES	<p>Paper documentation is only required from the client if they are unable to provide a satisfactory reasonable explanation for the compatibility issue.</p> <p>For instances where the inconsistency does not affect eligibility, State will not require paper documentation. However, to ensure that the information is correct, as it may have an impact at a later stage, State may reach out to the individual for reasonable explanation.</p>
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	
Household Composition	YES	NO	YES	N/A	N/A	YES	YES	<p>For individuals not known to the system, State will accept self-attestation without additional verification.</p> <p>For individuals already known to the integrated system, (i.e. through SNAP or TANF), State will perform verification using an electronic data source.</p> <p>Paper documentation is only required from the client if they are unable to provide a satisfactory reasonable explanation for the compatibility issue.</p>
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	<p>If State has information that is not reasonably compatible with that the individual attested to, then State may reach out for further information.</p> <p>Paper documentation is only required from the client if they are unable to provide a satisfactory reasonable explanation for the compatibility issue.</p>
Caretaker Relative	YES	NO	YES	N/A	N/A	YES	YES	<p>For individuals not known to the system, State will accept self-attestation without additional verification.</p> <p>For individuals already known to the integrated system, (i.e. through SNAP or TANF), State will perform verification using an electronic data source.</p> <p>Paper documentation is only required from the client if they are unable to provide a satisfactory reasonable explanation for the compatibility issue and eligibility is affected.</p>

Eligibility Factor	Self-Attestation Accepted without Additional Verification (Y/N)	Self-Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Medicare	NO	NO	YES	N/A	N/A	YES	YES	<p>The primary data source will be the Social Security service through the Federal Data Services Hub.</p> <p>As a back up if the Hub is down, for individuals already known to the integrated system, Medicare enrollment will be verified through SNAP or TANF.</p> <p>In cases where Medicare data is not available or where there is a conflict between information in the file, the State may request additional information from the client. Paper documentation is only required from the client if they are unable to provide a satisfactory reasonable explanation for the compatibility issue.</p>
Application for Other Benefits	YES	NO	NO	N/A	N/A	NO	NO	State would accept self-attestation without additional verification from the individual. If inconsistencies are identified through the course of verifications for other programs or reported changes, State may reach out for further information.
Other: (Please describe any other eligibility factors in the space below)								
Other Insurance Coverage	NO	YES	YES	N/A	N/A	YES	YES	This is specific for the CHIP population. State will reach out for paper documentation if a reasonable explanation is not sufficient or available. This verification occurs monthly.
<p>* States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment. If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).</p> <p>** States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.</p> <p>*** States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.</p>								

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: West Virginia Section B1. Use of Electronic Data Sources, Financial:												
Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
1. Internal Revenue Service (IRS)	YES	YES	YES	NO	YES	NO	NO	YES	YES	NO		MAGI Eligibility groups will only verify with IRS data sources on the Federal Data Hub. Hub data will only be used at renewal if the individual has provided consent.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	NO	YES	NO	NO	YES	YES	YES	Other (specify in comments)	MAGI Eligibility groups will only verify with SSA data sources on the Federal Data Hub. State plans to continue using the BENDEX/BEERS system post eligibility on a daily batch feed for program integrity purposes and for verification of changes.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	NO	YES	NO	NO	YES	YES	NO		
4. State Unemployment Compensation	YES	YES	YES	NO	YES	NO	NO	YES	YES	NO		
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		There is no supplemental payment program in West Virginia.

Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		There is no General Assistance program in West Virginia.
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	NO	NO	YES	YES	YES	Other (specify in comments)	Every six months, upon renewal of SNAP case. Individual sources of income for applicants can be confirmed using information that has already been verified for the SNAP program, however complete household income cannot be used because it is not calculated using MAGI methodology.
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	NO	NO	YES	YES	YES	Other (specify in comments)	In cases where TANF renewals do not align with Medicaid renewals, a change in income that is reported at TANF renewals would result in a redetermination of eligibility for Medicaid. This is how TANF is used post enrollment. The frequency of this potential post enrollment verification is every six months. Individual sources of income for applicants can be confirmed using information that has already been verified for the SNAP program, however complete household income cannot be used because it is not calculated using MAGI methodology.
9. Office of Child Support Enforcement (OCSE)	YES	NO	NO	NO	NO	NO	NO	NO	YES	NO		This data source, titled "New Hire", does not provide an income figure, but it does provide the worker with information about whether the client has a new source of income.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		That information is not made available to the Medicaid agency.

Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
11. Commercial database: (Pease describe any commercial databases in the space below)												
WORK NUMBER	YES	YES	YES	YES	NO	NO	NO	YES	YES	NO		State plans to utilize the Work Number through the Hub on day 1.
Work Force West Virginia	YES	YES	YES	YES	NO	NO	NO	YES	YES	NO		The State uses a batch process for this verification post eligibility currently, but expects to implement a real time service, which can be used at the time of eligibility determination, which is targeted for Day 1.
12. Other: (Please describe any additional electronic data sources in the space below)												
Families and Children Tracking System (FACTS) Income	YES	YES	NO	NO	YES	NO	NO	NO	YES	NO		The FACTS data match notifies the state of income received as a result of an individual providing foster care to qualified individuals. Although such income is not generally taxable, and therefore will not typically be included in a Household MAGI calculation, there are certain circumstances where such income is taxable (based on the number of foster care individuals present in the home); therefore in certain circumstance, this data match may prove useful. However, the FACTS data source will only be used as needed.
1. The state marked any criterion YES if they were considered in determining the usefulness of the electronic data source; however, the determination of whether the data source was useful/not useful did not rest solely on these criteria.												

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: West Virginia Section B2. Use of Electronic Data Sources Non-Financial:																	
Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
1. Social Security Administration (SSA)	YES	YES	YES	NO	NO	YES	NO	NO	NO	YES	NO	NO	YES	NO	NO		
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Only utilized at renewal if any changes occur regarding immigration status.
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		IPACT - for Birth Certificate (West Virginia Births and Marriages). Used as a back up to SSA for citizenship verification.
4. Department of Motor Vehicles (DMV)	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO		The State will not check DMV records for Children under the legal driving age of 16 in West Virginia. The DMV data source will only be used as needed, and will not be required for every applicant. DMV is an available data source to verify residency if the state is made aware of a discrepancy.

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
5. Temporary Assistance for Needy Families (TANF)	YES	YES	NO	NO	YES	YES	YES	YES	YES	NO	NO	NO	YES	NO	NO		<p>These data elements will not regularly be used at the time of application or renewal; however there may be extenuating circumstances that would require use of this data source. We have marked the data elements that could be available based on the information contained in this program data base. It does not mean that we will use this information for every applicant, but if it is needed, we will have access to it through this program.</p> <p>Only use for SSN if verified with SSA first.</p> <p>For individuals already known to the integrated system, (i.e. through SNAP or TANF), State will perform verification using an electronic data source (excluding SSN).</p> <p>For individuals not known to the system, State will accept self-attestation without additional verification.</p>

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
6. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	NO	NO	YES	YES	YES	YES	YES	NO	NO	NO	YES	NO	NO		<p>These data elements will not regularly be used at the time of application or renewal; however there may be extenuating circumstances that would require use of this data source. We have marked the data elements that could be available based on the information contained in this program data base. It does not mean that we will use this information for every applicant, but if it is needed, we will have access to it through this program.</p> <p>Only use for SSN if verified with SSA first.</p> <p>For individuals already known to the integrated system, (i.e. through SNAP or TANF), State will perform verification using an electronic data source (excluding SSN).</p> <p>For individuals not known to the system, State will accept self-attestation without additional verification.</p>
7. Office of Child Support Enforcement	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
11. Commercial database: <i>(Please describe any commercial databases in the space below)</i>																	
HEALTH MANAGEMENT SYSTEM (HMS)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Monthly	This data source is only used for the CHIP program. It shows whether the individual has other insurance coverage.
13. Other: <i>(Please describe additional electronic data sources in the space provided below)</i>																	
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Other (specify in comments)	The State will use PARIS to provide information about health benefits provided by the VA, TriCare, and Department of Defense, benefits from another state health agency, and duplicate benefits.
Third Party Administrator (TPA)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Other (specify in comments)	Used as a data source to verify other coverage, for CHIP purposes. State receives this data when changes are made.
Public Employees Insurance Agency (PEIA)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Monthly	Used as a data source to verify other coverage, for CHIP purposes.
FACTS	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Other (specify in comments)	This post enrollment match will occur daily. Families and Children Tracking System (FACTS) is used to confirm eligibility for the former foster children coverage group. FACTS provides confirmation that the individual was in Foster Care.
* Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information. If used for other purposes, please indicate in Section D.																	

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: West Virginia						
Section C . Additional Factors of Eligibility for Separate CHIP						
Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) <i>If Yes, please describe in comments</i>	Paper Documentation Required from the Individual (Y/N)	Non- Applicable (N/A)	Comments
1. Applicant does not have other coverage	NO	YES	YES	YES	Must be Applied	The HMS system described in Section B2 is used.
2. Applicant does not have access to affordable ESI	NO	YES	YES	NO	N/A	Notices alerting CHIP that another payer exists are generated through the CHIP claims system.
3. When child has had coverage (as applicable to states' waiting period)	NO	YES	YES	YES		The HMS system described in Section B2 is used.
4. Access to public employee coverage	NO	YES	YES	YES		The HMS system described in Section B2 is used.
5a. Waiting period exception #1 (describe):					N/A	As of the date of submission, West Virginia has a three month waiting period for CHIP coverage. However, the West Virginia CHIP Agency expects to eliminate this waiting period prior to the initiation of the open enrollment period on October 1, 2013. Therefore the waiting period is not reflected in this verification plan.
5b. Waiting period exception #2 (describe):					N/A	
5c. Waiting period exception #3 (describe):					N/A	
5d. Waiting period exception #4 (describe):					N/A	
5e. Waiting period exception #5 (describe):					N/A	
5f. Waiting period exception #6 (describe):					N/A	
5g. Waiting period exception #7 (describe):					N/A	
5h. Waiting period exception #8 (describe):					N/A	
5i. Waiting period exception #9 (describe):					N/A	

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) <i>If Yes, please describe in comments</i>	Paper Documentation Required from the Individual (Y/N)	Non-Applicable (N/A)	Comments
5j. Waiting period exception #10 (describe):					N/A	
6. Other eligibility factors or exceptions to eligibility factors: <i>(Please describe in the space provided below)</i>						

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State:			Medicaid & CHIP West Virginia
Section D. Additional Verification Questions			
	Question		Response
1	If paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, briefly describe how the state determined that establishing and using an electronic data source was not effective, considering such factors as cost and program integrity in accordance with 42 CFR 435.952(c):		<p>The State notes that the demographics in West Virginia are such that many individuals' income will not be reflected in the Hub. Therefore, alternative forms of verification must be accepted so as not to impact the integrity of the determination process.</p> <p>In Section C, numbers one, three, and four, the State will accept paper documentation from individuals when there is a positive data match with the HMS data system indicating that the individual has some other form of insurance. The State feels that the most expeditious way to address a match with HMS will be to allow the client to submit documentation from their previous insurer confirming that their insurance has lapsed.</p> <p>The state accepts self-attestaion without additional verification for some factors of eligiblity and for those that it doesn't, the State plans to use multiple data sources prior to reaching out to the individual for reasonable explanation or paper documentation.</p>
2	Please describe how the state uses PARIS?		The State will use PARIS to provide information about health benefits provided by the VA, TriCare, and Department of Defense, benefits from another state health agency, and duplicate benefits.
3	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1).		NO
	If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.		N/A

	Question	Response
4	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	N/A
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	N/A

Section A. Additional Comments
This Verification Plan lays out the State's verification procedures for most applicants. There may be extenuating circumstances that require deviation from the verification procedures laid out in this plan. In such situations the State will act in a fashion that balances the need to protect program integrity and provide coverage to West Virginians in need.
Section B1. Additional Comments
Section B2. Additional Comments
Section C. Additional Comments